

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Go Iwasaki

Serial No: 10/721,310

Filed: November 25, 2003

For: OUTPUT BUFFER CIRCUIT AND SEMICONDUCTOR
MEMORY USING THE SAME

Art Unit: 2827

Confirmation No. 7084

Examiner: Thong Quoc Le

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
July 5, 2005

Date of Deposit
William H. Wright Reg. No. 36,312
Name
Signature
Date 7/5/05

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	20 **	0	LG=\$50 SM=\$25	\$50	\$0
INDEPENDENT CLAIMS FEE	4	-	5 ***	0	LG=\$200 SM=\$100	\$200	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$0
TOTAL							\$0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$___ to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**☐ A check in the amount of \$___ to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: _____

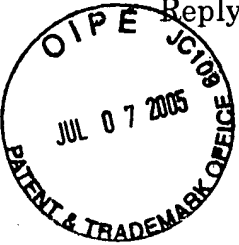
William H. Wright
Registration No. 36,312
Attorney for Applicant(s)

Date: July 5, 2005

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Appl. No. 10/721,310
Amdt. Dated July 5, 2005
Reply to Office Action of April 11, 2005

Attorney Docket No. 81788.0261
Customer No.: 26021



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William H. Wright, Reg. No. 36,312

Name

Signature

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action dated April 11, 2005. Please amend
the above-referenced application as follows:

Amendments to the claims are reflected in the listing of claims which begins
on page 2 of this paper.

Remarks begin on page 7 of this paper.